

Practitioner's Docket No. 944-001.112

As Iru
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



In re application of: Floman et al.

Application No.: 10/614,341

Group No.: 2133

Filed: July 2, 2003

Examiner: John J. Tabone, Jr.

For: **MEMORY BUS CHECKING PROCEDURE**

Mail Stop Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is

☐ a small entity. A statement:

☐ is attached.

☐ was already filed.

☒ other than a small entity.

CERTIFICATE OF MAILING/TRANSMISSION UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first-class mail, in an envelope addressed to the Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FACSIMILE

☐ transmitted by facsimile to the U.S. Patent and Trademark Office.

Cathy Sturmer
Signature

Date: 7.20.05

Cathy Sturmer
(type or print name of person certifying)

07/22/2005 HTECKLU1 00000054 10614341

01 FC:1202

50.00 DP

(Amendment Transmittal [9-19] - page 1 of 1)

08/18/2005 CCURTIS 00000002 230442 10614341
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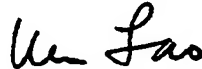
FEE DEFICIENCY

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986 (1085 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 23-0442

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 23-0442.



Signature of Practitioner

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